

13-AUG-02 14:53

From-HENKEL CORPORATION PATENT DEPT,

6102786548

T-491 P.01

F-167

DT Rec'd PCT/PTO

13 AUG 2002



Henkel Corporation  
Patent Department

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Name: USPTO

Location: Initial Patent Examination's  
Filing Receipt Corrections

Fax No.: 703-746-9195

**FROM:**

Name: Glenn E.J. Murphy

Location: 2500 Renaissance Blvd  
Gulph Mills, PA

Date: August 13, 2002

NUMBER OF PAGES 17 INCLUDING THIS COVER PAGE.

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Application of Wuelknitz, et al.

Serial No. 10/030,761  
Art Unit: 1744

Request for Correction of Filing Receipt (2 pages)  
Copy of Filing Receipt (2 pages)  
Copy of Executed Declaration (12 pages)

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SEP 24 2002  
TC 1700

2500 Renaissance Boulevard, Suite 200, Gulph Mills, PA 19406

610-278-4920 Fax 610-278-6548

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JCW/SCS 15 AUG 2002

PATENT

Docket No. H3597 PCT/US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Application of Wuelknitz et al..

Serial No. 10/030,761

Examiner: To be assigned

Filed: April 18, 2002

Art Unit: 1744

Title: TOOTHBRUSH

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at 703-746-9195.

Aug. 13, 2002  
Date

Amy Alleborn  
Signature of Certifier

Amy Alleborn  
Typed or printed name of certifier

**REQUEST FOR CORRECTION OF FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

Sir:

We hereby request correction of the Filing Receipt for Serial  
No. 10/030,761.

Please **delete** the following data that was listed under the  
foreign applications:

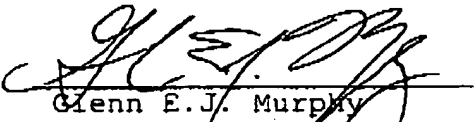
**EUROPEAN PATENT OFFICE (EPO) 97301503.5 03/06/1997.**

Serial No. 10/030,761  
Docket No. H 3597 PCT/US

It appears from our file that the error is the fault of the patent office; thus, Applicants believe that no fee is due. However, the Assistant Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 01-1250.

We thank you for your assistance in this matter.

Respectfully submitted,

  
Glenn E.J. Murphy  
(Reg. No. 33,539)  
Attorney for Applicants  
(610) 278-4926

Henkel Corporation  
Patent Law Department  
2500 Renaissance Blvd., Suite 200  
Gulph Mills, PA 19406  
aa/Encl.

1. Filing Receipt (copy)
2. Executed Declaration (copy)



## UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/030,761	04/18/2002	1744	1020	H 3597 PCT/US		20	1

CONFIRMATION NO. 2045

Glenn E J Murphy  
Henkel Corporation - Patent Department  
2500 Renaissance Blvd  
Suite 200  
Gulph Mills, PA 19406

## FILING RECEIPT



\*0000000008096947\*

Date Mailed: 05/15/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Peter Wuelknitz, Leichlingen, GERMANY;  
Ruediger Vetter, Duesseldorf, GERMANY;  
Yvette Kosmetatou, Kifissia Athen, GREECE.

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MAY 20 2002

HENKEL LAW DEPT.

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/EP00/03535 04/19/2000

## Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 97301503.5 03/06/1997  
GERMANY 199 19 196.4 04/28/1999

Projected Publication Date: Not Applicable, filed prior to November 29, 2000

Non-Publication Request: No

Early Publication Request: No

## Title

Toothbrush

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SEP 24 2002

TC 1700

**Preliminary Class**

015

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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐0010PTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**Declaration  
Submitted  
with Initial Filing

OR

Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

H 3587 PCTAUS

First Named  
Inventor

WUELKNITZ, Peter

**COMPLETE IF KNOWN**

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/28/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/03535

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically related to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(c) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
199 19 186.4	Germany	04/28/1999	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

BURDEN HOUR STATEMENT: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you use required to complete the form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

<b>DECLARATION</b>				<b>Page 2</b>																																																	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>																																																					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)																																																		
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<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.																																																					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>																																																					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		<input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																																																			
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Name	Registration Number	Name	Registration Number																																																		
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243																																																		
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.																																																					
Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle; text-align: center;">00423</span>		<input type="checkbox"/> Fill in correspondence address below																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;">Name</td> <td colspan="5" style="border: 1px solid black;">Glenn E. J. Murphy</td> </tr> <tr> <td style="border: 1px solid black;">Address</td> <td colspan="5" style="border: 1px solid black;">Henkel Corporation - Patent Department</td> </tr> <tr> <td style="border: 1px solid black;">Address</td> <td colspan="5" style="border: 1px solid black;">2500 Renaissance Boulevard, Suite 200</td> </tr> <tr> <td style="border: 1px solid black;">City</td> <td style="border: 1px solid black;">Gulph Mills</td> <td style="border: 1px solid black;">State</td> <td style="border: 1px solid black;">PA</td> <td style="border: 1px solid black;">ZIP</td> <td style="border: 1px solid black;">19406</td> </tr> <tr> <td style="border: 1px solid black;">Country</td> <td style="border: 1px solid black;">USA</td> <td style="border: 1px solid black;">Telephone</td> <td style="border: 1px solid black;">610-278-4926</td> <td style="border: 1px solid black;">Fax</td> <td style="border: 1px solid black;">610-278-8548</td> </tr> </table>						Name	Glenn E. J. Murphy					Address	Henkel Corporation - Patent Department					Address	2500 Renaissance Boulevard, Suite 200					City	Gulph Mills	State	PA	ZIP	19406	Country	USA	Telephone	610-278-4926	Fax	610-278-8548																		
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Country	USA	Telephone	610-278-4926	Fax	610-278-8548																																																
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>																																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="border: 1px solid black;">Name of Sole or First inventor:</td> <td style="border: 1px solid black;"> <input type="checkbox"/> A petition has been filed for this unsigned             </td> </tr> <tr> <td style="width: 15%; border: 1px solid black;">Given Name</td> <td style="border: 1px solid black;">Peter</td> <td style="width: 10%; border: 1px solid black;">Middle Initial</td> <td style="border: 1px solid black;"></td> <td style="width: 25%; border: 1px solid black;">Family Name</td> <td style="border: 1px solid black;">WUELKNITZ</td> </tr> <tr> <td style="border: 1px solid black;">Inventor's Signature</td> <td colspan="4" style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black;">Date</td> </tr> <tr> <td style="border: 1px solid black;">Residence City</td> <td style="border: 1px solid black;">Leichlingen</td> <td style="border: 1px solid black;">State</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Country</td> <td style="border: 1px solid black;">Germany</td> </tr> <tr> <td style="border: 1px solid black;">Post Office Address</td> <td colspan="5" style="border: 1px solid black;">Im Ertelgrund 9</td> </tr> <tr> <td style="border: 1px solid black;">Post Office Address</td> <td colspan="5" style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">City</td> <td style="border: 1px solid black;">43799 Leichlingen</td> <td style="border: 1px solid black;">State</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">Zip</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">Country</td> <td colspan="4" style="border: 1px solid black;">Germany</td> <td style="border: 1px solid black;">Applicant Authority</td> </tr> </table>						Name of Sole or First inventor:					<input type="checkbox"/> A petition has been filed for this unsigned	Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Inventor's Signature					Date	Residence City	Leichlingen	State		Country	Germany	Post Office Address	Im Ertelgrund 9					Post Office Address						City	43799 Leichlingen	State		Zip		Country	Germany				Applicant Authority
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Country	Germany				Applicant Authority																																																
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																																																					

<b>DECLARATION</b>					<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City	Koenig	State		Country	Germany	Citizenship Germany
Post Office Address	Auf dem Roemerberg 22					
Post Office Address						
City	40968 Koenig	State		Zip		Country Germany
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship Germany
Post Office Address	Melliesallee 6					
Post Office Address						
City	40597 Duesseldorf	State		Zip		Country Germany
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City	Kifissia Athen	State		Country	Greece	Citizenship Greece
Post Office Address	22, Strofilou Street					
Post Office Address						
City	GR-14561 Kifissia Athen	State		Zip		Country Greece
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		Zip		Country
						Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						



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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐USPTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration  
Submitted  
with Initial Filing

OR

Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

H 3597 PCT/US

First Named  
Inventor

WUELKNITZ, Peter

## COMPLETE IF KNOWN

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below and to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/19/2000

as United States Application Number or PCT International

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PCT/EP00/03535

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically related to above.

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I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) or any foreign application(s) for patents or inventors' certificates, or §365(j) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified each, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application naming a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Business Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the accuracy of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

<b>DECLARATION</b>				<b>Page 2</b>	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became effective between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
<b>U.S. Parent Application Number</b>	<b>PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>		
	PCT/EP0003535	04/19/2000			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		<input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:					
<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>		
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243		
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or label <b>00423</b>		<input type="checkbox"/> Fill in correspondence address below	
<b>Name</b>	Glenn E. J. Murphy				
<b>Address</b>	Henkel Corporation - Patent Department				
<b>Address</b>	2500 Renaissance Boulevard, Suite 200				
<b>City</b>	Gulph Mills	<b>State</b>	PA		<b>ZIP</b>
<b>Country</b>	USA	<b>Telephone</b>	810-278-4828		<b>Fax</b>
			810-278-8548		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned			
<b>Given Name</b>	Peter	<b>Middle Initial</b>		<b>Family Name</b>	WUELKNITZ
<b>Inventor's Signature</b>				<b>Date</b>	
<b>Residence: City</b>	Leichlingen	<b>State</b>		<b>Country</b>	Germany
<b>Citizenship</b>	Germany				
<b>Post Office Address</b>	Im Erlengrund 8				
<b>Post Office Address</b>					
<b>City</b>	42788 Leichlingen	<b>State</b>		<b>Country</b>	Germany
<b>Zip</b>		<b>Applicant Authority</b>			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

<b>DECLARATION</b>					<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Susanne	Middle Initial		Family Name	WITTING	Suffix e.g. Jr.
Inventor's Signature	<i>[Signature]</i>				Date	13.11.2001
Residence: City	Koenig	State		Country	Germany	Citizenship Germany
Post Office Address: Auf dem Roemerberg 22						
Post Office Address:						
City	40958 Koenig	State		Zip		Country Germany
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship Germany
Post Office Address: Mellesallee 5						
Post Office Address:						
City	40597 Duesseldorf	State		Zip		Country Germany
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City	Kifissia Athen	State		Country	Greece	Citizenship Greece
Post Office Address: 22, Strofilou Street						
Post Office Address:						
City	GR-14561 Kifissia Athen	State		Zip		Country Greece
						Applicant Authority
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address:						
Post Office Address:						
City		State		Zip		Country
						Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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PTO/SB/01 (8-95)

Approved for use through: 10/31/98 OMB 0551-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐0010PTD  
Rev. 9/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**Declaration  
Submitted  
with Initial Filing

OR

Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

H 3597 PCT/US

First Named  
Inventor

WUELKNITZ, Peter

**COMPLETE IF KNOWN**

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/19/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/03535

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(a) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
199 19 198.4	Germany	04/28/1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefits under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Caution: This form is designed to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
	PCT/EP00/03535	04/19/2000			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>					
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:					
Name		Registration Number	Name		Registration Number
Wayne C. Jaeschke Kimberly R. Hild		21,062 39,224	Glenn E. J. Murphy Stephen D. Harper		33,539 33,243
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
<p>Please direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 00423 <span style="margin-left: 20px;">OR</span> <input type="checkbox"/> Fill in correspondence address below</p>					
<p>Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Glenn E. J. Murphy</p>					
<p>Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Henkel Corporation - Patent Department</p>					
<p>Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> 2500 Renaissance Boulevard, Suite 200</p>					
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Gulph Mills		State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> PA		ZIP <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> 19406	
Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> USA		Telephone <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 810-278-4928		Fax <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 810-278-6548	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<p>Name of Sole or First Inventor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <input type="checkbox"/> A petition has been filed for this unsigned</p>					
Given Name	Peter	Middle Initial	Family Name	WUELKNITZ	Suffix e.g. Jr.
Inventor's Signature <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
Residence: City	Leichlingen	State	Country	Germany	Citizenship
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Im Erlengrund 9					
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>					
City	42789 Leichlingen	State	Zip	Country	Germany
Applicant Authority <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix	
Inventor's Signature				Date			
Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
Post Office Address	Auf dem Roemerberg 22						
Post Office Address							
City	40998 Koeln	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix	
Inventor's Signature	<i>R. U. Vetter</i>			Date	2/11/01		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Meliesallee 6						
Post Office Address							
City	40597 Duesseldorf	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix	
Inventor's Signature				Date			
Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
Post Office Address	22, Strofilou Street						
Post Office Address							
City	GR-14561 Kifissia Athen	State		Zip		Country	Greece
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Applicant Authority							
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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PTO/SB/MH (8-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐DD10PTD  
Rev. 0/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**
☐ Declaration Submitted with Initial Filing
 OR
 ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

H 3597 PCT/US

First Named Inventor

WUELKNITZ, Peter

**COMPLETE IF KNOWN**

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, past office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/19/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/03535

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefit under Title 35, United States Code § 119(a)-(d) or § 305(b) of any foreign application(s) for patent or inventor's certificate, or § 305(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

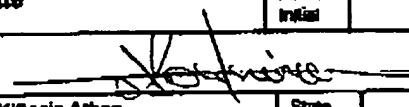
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Duration of Statement: This form is designed to take 4 hours to complete. Time will vary depending upon the nature of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

<b>DECLARATION</b>				<b>Page 2</b>	
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, whether or not the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.					
<b>U.S. Parent Application Number</b>	<b>PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>		
	PCT/EP00/03535	04/19/2000			
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.					
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		<input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<input checked="" type="checkbox"/> Last Attorney(s) and/or agent(s) name and registration number below:					
<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>		
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243		
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or label <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle; text-align: center;">00423</span>		OR <input type="checkbox"/> File in correspondence address below	
<b>Name</b>	Glenn E. J. Murphy				
<b>Address</b>	Henkel Corporation - Patent Department				
<b>Address</b>	2500 Renaissance Boulevard, Suite 200				
<b>City</b>	Gulph Mills	<b>State</b>	PA		<b>ZIP</b>
<b>Country</b>	USA	<b>Telephone</b>	610-278-4926		<b>Fax</b>
610-278-6548					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned			
<b>Given Name</b>	Peter	<b>Middle Initial</b>		<b>Family Name</b>	WUELKNITZ
<b>Suffix</b>	e.g. Jr.				
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>	Leichlingen	<b>State</b>		<b>Country</b>	Germany
<b>Citizenship</b>	Germany				
<b>Post Office Address</b>	Im Eriengrund 9				
<b>Post Office Address</b>					
<b>City</b>	42799 Leichlingen	<b>State</b>		<b>Zip</b>	
<b>Country</b>	Germany		<b>Applicant Authority</b>		
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					



DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Susanne			Middle Initial		Family Name	WITTIG		Suffix e.g. Jr.		
Inventor's Signature							Date				
Residence: City	Koenig			State		Country	Germany		Citizenship	Germany	
Post Office Address	Auf dem Roemerberg 22										
Post Office Address											
City	40958 Koenig			State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Ruediger			Middle Initial		Family Name	VETTER		Suffix e.g. Jr.		
Inventor's Signature							Date				
Residence: City	Duesseldorf			State		Country	Germany		Citizenship	Germany	
Post Office Address	Meliesallee 6										
Post Office Address											
City	40597 Duesseldorf			State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Yvette			Middle Initial		Family Name	KOSMETATOU		Suffix e.g. Jr.		
Inventor's Signature							Date	23.11.2001			
Residence: City	Kifissia Athen			State		Country	Greece		Citizenship	Greece	
Post Office Address	22, Strofilou Street										
Post Office Address											
City	GR-14561 Kifissia Athen			State		Zip		Country	Greece	Applicant Authority	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name				Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature							Date				
Residence: City				State		Country			Citizenship		
Post Office Address											
Post Office Address											
City				State		Zip		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											